



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E252240**

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FROM TO

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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01528
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	MISC OBJECT OR DEBRIS ON ROAD

TRIBAL RESERVATION							
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #			
DATE OF COLLISION	06 - 23 - 2013	1947	31		N S E W	IN OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20TH STREET NE	BLOCK NO. <input checked="" type="checkbox"/>	8700
MILE POST		
DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		87TH DRIVE NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 7576520873
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LAST NAME	WIXSON	FIRST NAME	JOSHUA	MIDDLE INITIAL	T
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STREET NEW ADDRESS	516 STEVENS AVE
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CITY	SULTAN	ST	WA	ZIP	98294
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	WIXSOJT159QT	STATE	WA	SEX	U	D.O.B. MMDDYYYY	11 - 30 - 1985
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	844PWQ	STATE	WA	VIN#	KNAFB121835272641
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	KIA	MODEL	SPECTR	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4164449748
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2063038112
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 2063038112
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LAST NAME	VAILE	FIRST NAME	KATHRYN	MIDDLE INITIAL	E
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STREET NEW ADDRESS	2226 87TH DRIVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	F	D.O.B. MMDDYYYY	09 - 20 - 197 4
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CHARGE
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OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E252240**

CASE # **13-01528**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 06/23/2013 at about 1947 hours (all times approximate) I responded to an aid call at the intersection of 20th Street NE and 87th Drive NE, in the city of Lake Stevens, where it had been reported an adult female was unconscious after her dog had been hit by a vehicle. Arriving on scene I observed a vehicle had in fact struck a dog, which was injured and bleeding, and the adult female (the dog owner) was appearing to be very anxious with a decreased level of consciousness. Based on evidence and statements at the scene of the collision, it is found that U-1 had been traveling eastbound on 20th Street NE, approaching the T-intersection of 87th Drive when the dog ran onto 20th Street NE, from 87th Drive (running southbound), into the path of the approaching vehicle. U-1 attempted to stop, leaving 39' of skid mark, and struck the dog. The dog owner was identified to be Vaile. The driver of U-1 stated it looked like the dog had gotten away from Vaile; the dog appeared to have pulled Vaile to get loose. The driver/owner of U-1 stated he was not worried about any damage sustained to his vehicle, calling his vehicle "a piece of shit" and that his concern was for Vaile and her dog. Vaile was seen by aid personnel at the scene and declined treatment. The dog was taken to a nearby vet to be treated. U-1 was driven from the scene. It should be noted U-1 is not the "at fault" unit in this collision and that the dog, due to its actions, is "at fault" for this collision/incident. The dog is not placed in the U-1 position of this report due to the system not allowing U-1 to be "an object/animal" and that a driver must be listed in U-1 to complete the report.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-24-13 01:18 AM

DATED

PLACE SIGNED

APPROVED BY

JULIE JAMISON 097

DATE

6/24/2013 5:23:40 AM

BADGE OR ID #

72

ORI #

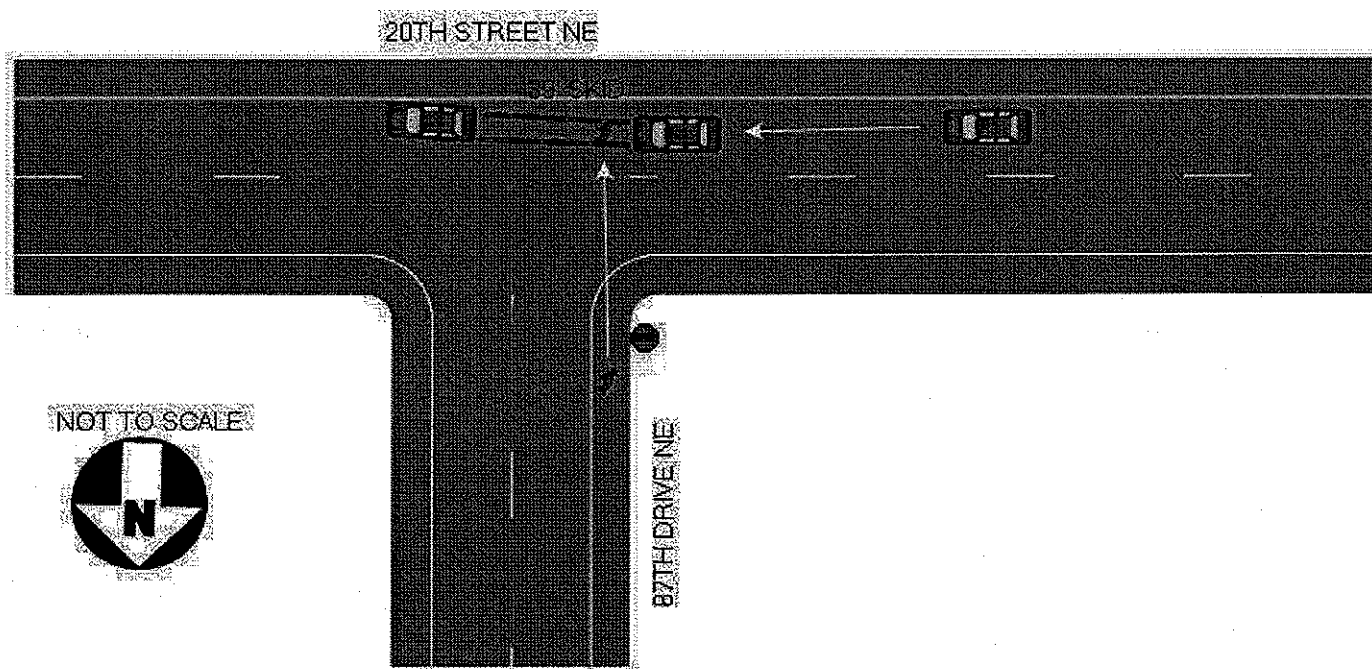
WA0311900

TIME POLICE DISPATCHED

7:47 PM

TIME POLICE ARRIVED

7:50 PM









LSPD
ORIGINAL

Incident History for: #SS13013990 Xref: #AG13001731

Case Numbers: \$SS13001528

Entered 06/23/13 19:47:25 BY SPDF25 SP0339
Dispatched 06/23/13 19:47:58 BY SPSC40 SP0320
Enroute 06/23/13 19:47:58
Onscene 06/23/13 19:50:45
Closed 06/23/13 20:15:04

Initial Type: INFO Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1618 Map Page: 377D-5 Group: SSI Beat: WEST
Src: T
Loc: 2128 87 DR NE , LKS btwn 89 AV NE & 24 PL NE (V)

Loc Info:

Name: KELLY

Addr:

Phone: 4257602276

/1947 (SP0339) ENTRY , DOG HIT BY VEH, OWNER OF DOG IS UNCON
/1947 (SP0320) DISPER SS1930 #SS72 AUKERMAN, OFFICER (WAYNE)
/1949 (SP0339) CROSS #AG13001731
/1949 CHANGE TXT: DOG IS STILL ALIVE
/1950 SUPP NAM: KELLY,
PHO: 4257602276,
TXT: PT NOW AWAKE AND TALKING
/1950 (SS72) *ONSCNE SS1930
/1956 (SP0320) ASNCAS SS1930 \$SS13001528
/1956 CHANGE TYP: INFO
---> ACC
/2000 (SS72) REMINQ SS1930 MDTVEH, 844PWQ, , WA, , , , , , , , , ,
/2010 REMINQ SS1930 MDTWANT, VAILE, KATHRYN, E, 092076, , , WA, , , , , , , , , ,
/2010 REMINQ SS1930 MDTVEH, AJP7497, , WA, , , , , , , , , ,
/2012 REMINQ SS1930 MDTWANT, WILSON, JOSHUA, T, 113085, , , WA, , , , , , , , , ,
/2012 REMINQ SS1930 MDTWANT, WIXSON, JOSHUA, T, 113085, , , WA, , , , , , , , , ,
/2013 *MISC SS1930 , GEICO #4164449748 757-652-0873
/2014 REMINQ SS1930 MDTWANT, VAILE, KATHRYN, E, 092074, , , WA, , , , , , , , , ,
/2014 *MISC SS1930 , VAIL #206-303-8112
/2015 *CLEAR SS1930 D/H
/2015 CLOSE SS1930

LSPD
ORIGINAL